

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL
REPORT NO.
16-3496☐ OH-2
☐ OH-3

Lebanon Police

0830300

ODHS USE ONLY - 00 NOT MARK ABOVE

REPORT
TAKEN ☐ AT STATION
☒ AT SCENENO OF VEH
PEDESTRIANS
INVOLVED 3

CRASH SEVERITY (CHECK MOST SEVERE)

☐ FATAL☐ INJURY☒ PROPERTY DAMAGE ONLYCOMBINED
VEH/PROP
LOSS☒ OVER \$150☐ UNDER \$150HIT SKIP ☐SOLVED ☐UNSATISFACTORY ☐

IN COUNTY OF WARREN

IN ☒ CITY

LEBANON

DATE OF CRASH:

2 | 25 | 16

DAY

THU

TIME: MILITARY

2135

CRASH OCCURRED ON
Taco Bell, 715 E. Main St., Lebanon, OH, 45036

WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION

(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)

CITY CODE

LOG-1

LOG-2

LOC

JUR

FH9

FILT

A

UNIT
NO.NO OF
OCCUPANTSOPERATING ☒PARKED ☐DRIVERLESS ☐HIT & RUN NON CONTACT ☐INSURANCE CO
OR AGENT

AllState/992274731

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)

Timpe, Adam, D

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

333 Huntington Dr., Maineville, OH, 45039

PHONE NO.

5136308585

BIRTH DATE

12 | 18 | 80

AGE

35

SEX

M

SOCIAL SECURITY NO.

STATE

OH

DRIVER'S LICENSE NO.

RQ553997

OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME)

Timpe, Stacy, N

ADDRESS

333 Huntington Dr., Maineville, OH, 45039

PHONE

5136308585

VEH YR

2005

MAKE

Toyota

MODEL

Sienna

COLOR

Whi

STYLE

SW

STATE

OH

LICENSE PLATE NO.

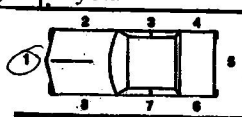
FEH1106

TOWING SERVICE

N/A

VEH/PED DIR

FROM TO

CIRCLE
DAMAGE
AREAS9 TOP
10 UNDER CAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY

☐ NON-FUNCTIONAL☒ FUNCTIONAL☐ DISABLING

DAMAGE SCALE

☐ NONE ☐ MODERATE☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION

☒ DRIVEN AWAY☐ REMAINED AT SCENE☐ TOWED

FIRE

☒ NO FIRE☐ FIRE DUE TO CRASH☐ OTHER FIRE

8

UNIT
NO.NO OF
OCCUPANTSOPERATING ☒PARKED ☐DRIVERLESS ☐HIT & RUN NON-CONTACT ☐INSURANCE CO.
OR AGENT

American National/34A14

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)

Luken, Montana, L

ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

253 Grandview DR., Lebanon, OH, 45036

PHONE NO.

5138578728

BIRTH DATE

7 | 13 | 89

AGE

26

SEX

M

SOCIAL SECURITY NO.

STATE

OH

DRIVER'S LICENSE NO.

TC619168

OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME)

Costic, Donald

ADDRESS

3459 Kimmel RD., Cleveland, OH, 44105

PHONE

5132955915

VEH YR

2006

MAKE

Toyota

MODEL

COLOR

Silv

STYLE

4D

STATE

OH

LICENSE PLATE NO.

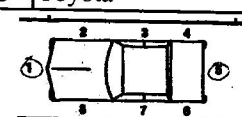
FNL8237

TOWING SERVICE

N/A

VEH/PED DIR

FROM TO

CIRCLE
DAMAGE
AREAS9 TOP
10 UNDER CAR
11 LOAD
12 TRAILER

DAMAGE SEVERITY

☐ NON-FUNCTIONAL☒ FUNCTIONAL☐ DISABLING

DAMAGE SCALE

☐ NONE ☐ MODERATE☒ LIGHT ☐ HEAVY

VEHICLE DISPOSITION

☒ DRIVEN AWAY☐ REMAINED AT SCENE☐ TOWED

FIRE

☒ NO FIRE☐ FIRE DUE TO CRASH☐ OTHER FIRE

C

FROM
UNIT
NO.

NAME (LAST, FIRST, MI)

BIRTH DATE

m | d | y

AGE

PHONE

SEX

POSITION

A B C D E F

INJURIES

A B C D E F

D

FROM
UNIT
NO.

NAME (LAST, FIRST, MI)

BIRTH DATE

m | d | y

AGE

PHONE

SEX

POSITION

A B C D E F

INJURIES

A B C D E F

E

FROM
UNIT
NO.

NAME (LAST, FIRST, MI)

BIRTH DATE

m | d | y

AGE

PHONE

SEX

POSITION

A B C D E F

INJURIES

A B C D E F

F

FROM
UNIT
NO.

NAME (LAST, FIRST, MI)

BIRTH DATE

m | d | y

AGE

PHONE

SEX

POSITION

A B C D E F

INJURIES

A B C D E F

A

B

INJURED TAKEN TO

By

D

E

INJURED TAKEN TO

By

A

B

INJURED TAKEN TO

By

D

E

INJURED TAKEN TO

By

A

B

OFFENSE CHARGED AND DESCRIPTION

CITY ORD.

O

B

OFFENSE CHARGED AND DESCRIPTION

CITY ORD.

RECEIVED
CALLDISPATCHED
2136ARRIVED
2139CLEARED
2159

OTHER TIME

TOTAL MINUTES

00OffOff

DATE REPORT FILED

PHOTOS

☒ YES
☐ NO

OFFICER'S NAME

Ptl. Brummett

BADGE NO.

111

CHECKED BY

EJECTION

A B C D E F

1 2 3 4

NOT EJECTED

PARTIAL

TOTAL

TRAPPED INSIDE VEHICLE

DRUGS

A B C D E F

1 2 3 4

TESTED

YES

NO

TESTED

YES

NO

1 NO ALCOHOL DETECTED

2 HBD ABILITY IMPAIRED

3 HBD ABILITY NOT IMPAIRED

4 HBD ABILITY UNKNOWN

1 NO DRUGS DETECTED

2 USING PRESCRIBED DRUG

3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO.

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-3496		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.		
REPORT TAKEN	<input type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY MONTH YEAR		TIME: MILITARY				
CRASH OCCURRED ON				WITHIN THE INTERSECTION OF										
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)									CITY CODE	
LOG-1		LOG-2		LOC JUR FH9 FILT										
A	UNIT NO. 3	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		AllState/092497377						
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)										
Theuring, Julie, L				205 Wood Forge CR., Lebanon, Oh, 45036										
PHONE NO. 5136804466		BIRTH DATE 8 m 5 d 70 y		AGE 45 SEX F		SOCIAL SECURITY NO.		STATE OH		DRIVER'S LICENSE NO. RR524333			OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE		
Theuring, Matthew				205 Wood Forge CR., Lebanon, Oh, 45036								5136804466		
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR			
2010	Honda	CRV		Gry	SW	OH	C525270		N/A		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8	UNIT NO.	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT								
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)										
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE		
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR			
											FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES				
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F				
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED				
		ADDRESS		PHONE		SEX		A B C D E F		CONDITION				
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
		ADDRESS		PHONE		SEX		A B C D E F		ALCOHOL				
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		A B C D E F		A B C D E F				
		ADDRESS		PHONE		SEX		A B C D E F		A B C D E F				
A	B	C	INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED					
D	E	F	INJURED TAKEN TO		By		A B C D E F		EJECTION					
A	B	C	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		A B C D E F					
D	E	F	OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD.		A B C D E F		A B C D E F					
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		
M D Y		YES NO												